

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09757333

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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TOTAL IND.	3	1	3	1		1
TOTAL DEP.	17		76			
TOTAL CLAIMS	20		79			

  

	* 1		* 2		* 3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY